



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →									
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
2. Last Name WINSLOW		First Name KENNETH		Middle Name C.		Nickname KENNY		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 120 PINE STREET				5. FAX (Optional) ()		6. E-mail Address (Optional) Southportmarylynnne@gmail.com			
7. City SOUTHPORT		State IN	ZIP Code 46227	8. County MARION		9. Telephone (Day) (317) 788-0547		10. Telephone (Evening) (317) 788-0547	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) SOUTHPORT CITY COUNCIL DISTRICT 2					
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.									
13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name KENNY WINSLOW FOR SOUTHPORT COUNCIL									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 120 PINE STREET				15. FAX (Optional) ()		16. E-mail Address (Optional) SOUTHPORTmarylynnne@gmail.com			
17. City SOUTHPORT		State IN	ZIP Code 46227	18. County MARION		19. Telephone (317) 788-0547		20. Committee Organization Date (MM-DD-YY) 02-03-15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson KENNETH C. WINSLOW									
22. Mailing Address <input type="checkbox"/> Check if this is a new address 120 PINE STREET				23. FAX (Optional) ()		24. E-mail Address (Optional) Southportmarylynnne@gmail.com			
25. City SOUTHPORT		State IN	ZIP Code 46227	26. County MARION		27. Telephone (Day) (317) 788-0547		28. Telephone (Evening) (317) 788-0547	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) INDIANA MEMBERS CREDIT UNION									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer Marylynnne Winslow			Signature of the Committee Chairperson Kenneth C. Winslow		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Marylynnne Winslow									
34. Mailing Address <input type="checkbox"/> Check if this is a new address 120 Pine Street				35. FAX (Optional) ()		36. E-mail Address (Optional) Southportmarylynnne@gmail.com			
37. City Southport		State IN	ZIP Code 46227	38. County Marion		39. Telephone (Day) (317) 788-0547		40. Telephone (Evening) (317) 626-8782	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment Marylynnne Winslow			
SECTION E. CERTIFICATION OF STATEMENT									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson KENNETH C. WINSLOW			Signature of Chairperson Kenneth C. Winslow				Date (MM-DD-YY) 2-3-15		
43. Typed or Printed Name of Candidate			Signature of Candidate				Date (MM-DD-YY)		
Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									
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FILED									
FEB 05 2015									
<i>Myla A. Eldridge</i>									